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| 05/0 | 3/2006 CNGUYEN3 00 | 000052 09901389 | [| Charles M. Avigliano | | (Depositor's name |
|------|--------------------|---------------------------|-----------------------------|----------------------|---------------------|-------------------|
| Λ1 F | C:2501 | 700.00 DP | | Charles | M. Quiolièno | (Signature |
| 02 F | C:1504 | 300.00 DP 30.00 DP | 4/27/06 | | (Date | |
| V3 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENT | OR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| | 09/901,389 | 07/09/2001 | Ross A. Caputo | | 41473/124196 | 4730 |
| | TITLE OF INVENTION | : APPARATUS FOR TESTING S | STERILIZATION METHODS AND M | IATERIALS | | |

SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE NO \$1400 \$300 \$1700 05/08/2006 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** 1744 CHORBAJI, MONZER R 422-305000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Bryan Cave LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Stephen P. Gilbert "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Charles M. Avigliano Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Pharmaceutical Systems, Inc. Mundelein, IL Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. X Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 02-4467 (enclose an extra copy of this form). Advance Order - # of Copies 10 الجدا 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Jb. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. in

| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other part nterest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
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| Authorized Signature | harles M. aiglismo | Date | 4/27/06 | | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

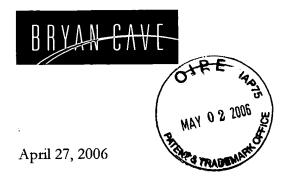
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Re:

U.S. Patent Application Serial No. 09/901,389

Filed: July 9, 2001

APPARATUS FOR TESTING STERILIZATION For:

METHODS AND MATERIALS Attorney Docket No.: C041473/0124196

Sir:

Enclosed are a completed Issue Fee Transmittal Form PTOL-85B (in duplicate), a check in the amount of \$700.00 to cover the issue fee (small entity), a \$300.00 check to cover the publication fee, and a \$30.00 check for ten soft copies of the patent.

If any of the checks are missing or otherwise insufficient, or if any additional fees are required, please charge the fee (or credit any overpayment) to Deposit Account No. 02-4467. A duplicate copy of this letter is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 27, 2006.

Charles M. Avigliano, Reg. No. 52,578

Respectfully submitted,

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Enclosures

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